



# NMCP parking garage woes due to needed maintenance

By JO1 Sarah Langdon

**N**aval Medical Center Portsmouth's parking garage is currently undergoing scheduled maintenance to ensure it remains a safe place for patients and staff members to park. The maintenance necessitates that one half of a parking level is blocked off. Despite the decrease in available parking spaces during this process, NMCP is working to minimize the impact on staff and patients while providing a safe driving and parking environment.

"What we're doing is regular maintenance," said Michael Waro, department head for Facilities Management and Director of Engineering. "The garage was built in the early '90s and has had one other maintenance evolution of this type about six year and a half years ago."

The maintenance improves the garage in several ways, Waro said. Because the garage is subject to the elements and continuous traffic, general wear and tear must to be addressed.

"Cracks develop over time and we need to stay on top of this by resealing the deck," he explained. "This keeps oil from cars out of the pores because, over time, that oil will degrade the deck."

"There are also minor construction flaws that we are going to take care of, and we're looking to re-stripe all the parking spaces and improve line of sight for people turning," Waro continued. "This really is a safety issue."

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Photo by JO2(SW) LaRon Mathieu

The contract for the parking garage maintenance began March 15. Naval Medical Center Portsmouth's Facilities Management Department expects the work to take seven to nine months as long as the weather cooperates. In the meantime, the command has created satellite parking areas, mainly for staff members, to ease congestion in the parking garage.

# Maintenance expected to take seven to nine months

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Photo by JO2(SW) LaRon Mathieu

According to Waro, the contract period is scheduled for 12 months, but the command and contractors expect to complete the job in seven to nine months, temperature and weather permitting. The five-level parking garage has approximately 500 spaces per level and the maintenance will be performed on one half of one level at a time. Each section is expected to take three to four weeks to complete.

In the meantime, the command has constructed a gravel parking lot behind the TRICARE building to accommodate 105 cars and plans

to increase the number of parking spaces throughout the compound.

"We're aware of the inconvenience and trouble people have had finding parking, and we're looking to see where we can find additional parking," Waro said. "Temporary parking (has been) implemented for additional side street parking, such as along Edward May Rd. and Hospital Point. The best advice we can give right now is to leave your house early and come early for your appointments. We know it's frustrating, but we think in

time people will be happy with the results."

Hospital Point has been opened for parking and Naval School of Health Sciences staff have received passes for Edward May Rd.

In addition to the parking garage maintenance, NMCP is evaluating parking throughout the compound to improve overall efficiency. One area being examined is the number of handicap and reserved spaces throughout the garage.

"We're going to increase the number of handicap spaces," Waro said. "We currently have 95 spaces in the garage and would like to increase that number to 140 throughout the compound. We are also looking to validate the number and location of reserved spots and concentrate them as needed."

Following the completion of the project, patients, their families and the staff members at NMCP can expect to find a safer and more customer-friendly parking garage to accommodate their visit to the medical center. ▴

## *The Courier*

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This publication provides an avenue to circulate all useful information the NMC Portsmouth staff has to offer. Submissions are welcome. Contact the Public Affairs Office by calling 953-7986, by fax at 953-5118, or by emailing the PAO, Deborah Kallgren, at drkallgren@mar.med.navy.mil. Submissions should be on disk in text or Word format with a paper copy attached. Photos should be a separate submission from the document and in jpeg, bitmap or tiff format. Submissions will be placed in the next issue space permitting. PAO is located in Building One, Third Deck, Rm. 311.

# Military eyewear looks to future; FOC glasses get new look

By JO1 Sarah Langdon



HM3 Kory Ochs, Navy optician, shows the new Frame of Choice samples to a servicemember during the eyeglass survey in March. Using the survey, the Navy hopes to come up with five eyeglass styles servicemembers will want to wear.

**F**or the many military members who wear eyeglasses there are two choices when it comes to fashionable eyewear: go without or spend \$200 to \$300 at the local optical shop for an attractive pair of frames. Although the Navy began offering the “frame of choice” eyeglasses about seven years ago, to some, the standard options of pink, black, silver, gold and brown may have left a bit to be desired in the eyes of many. Thanks to an updated “frame of choice” initiative, currently in the works, all that is about to change.

The Navy’s head optical command, Navy Ophthalmic Training and Support Activity (NOSTRA) is giving

servicemembers the chance to vote on a selection of new frames, which are expected to be available at the end of this year or the early part of 2006.

“NOSTRA is trying to update the styles for the frame of choice glasses,” said HM3 Karla Vargas-Ochs, Navy optician at Sewells Point Branch Medical Clinic, the first survey site for the program. “We wanted more up-to-date stuff that military servicemembers will like. We know they are spending a lot of money at civilian opticians and we would like to help them save their money. Military members are just like everyone else, they like to be stylish.”

According to Vargas-Ochs, a group which included Navy

opticians, optometrists and eyeglass manufacturers selected an initial 350 frame styles to choose from. They narrowed the list down to the 24 styles available to view for the survey. The eyeglasses were on display March 17 and 18 at Sewells Point. The survey continued at Langley Air Force Base and Fort Eustis Army Base.

“They’re looking at everything that affects the appearance of the servicemember in glasses from age, size of noses, skin tone, face styles and whether servicemembers are male or female,” Vargas-Ochs explained.

“This is just the initial stage,” Vargas-Ochs explained. “So far we’ve gotten really good feedback. We had more than 70 participants (March 17) and our goal is to complete 300 surveys. We’ve had awesome participation.”

“I think this is a good thing,” said HM3 Anisha Randall, after stopping by the display while on her way to an appointment. “I wear both glasses and contacts – usually contacts — but if they looked decent, I would wear (glasses) more often.”

HM3 Kory Ochs, also a Navy optician, sees the program as a great morale booster.

“I think it’s neat even though I don’t wear glasses,” he said. “I think they’re really trying to boost morale and get glasses the (servicemembers) will like so they

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# Child Life Program helps young patients cope with hospital visits

By JO2(SW) LaRon Mathieu

A trip to the hospital for treatment can be a stressful and sometimes traumatic experience. For young children and teenagers the experience is compounded by not being able to fully understand what the benefits of a procedure are, or why it must be performed.

The NMCP Child Life Program helps pediatric patients cope with the anxiety that occurs from surgery, long stays at the hospital and health care in general. It also helps parents navigate through schoolbooks so their child doesn't fall behind due to an extended stay in the hospital.

The goal is to make the hospital visit as easy for the child as possible without compromising the necessary treatment, said Chris Brogan, child life specialist for NMCP.

"The idea is to try to reduce the stress and maximize coping with medical care and the strange environment," said Brogan.

The Child Life Program uses many techniques and alternate environments to make the hospital a normal environment for the child. There's a game room for younger patients and a television lounge for the older kids. The program also uses distraction, pain management and peer socialization to fight anxiety and stress.

According to Brogan, children can be psychologically

immersed in an activity which lowers stress.

"It helps to get kids to play together with other kids in similar situations. They talk to and see other kids who are doing well and say 'Hey, they're walking with their I.V., so can I!' That helps them cope with the recovery process," he said.

Explaining the effects anesthesia and its benefits gives them a chance to calm their nerves. It helps patients and gives the parents the satisfaction of knowing their child is as comfortable as they can get considering the situation, Brogan explained.

Lowering the anxiety of a child who's recovering from visiting the doctor's office benefits the child, the parents and care providers.

"If you look at the time a frustrated parent takes from staff versus a parent who is helped to cope with and is informed about their child's situation, you can see how cost effective the program is," said Brogan.

The child life program is for any pediatric patient or someone referred to pediatrics. It helps take the child's focus away from the treatments and procedures and places it on getting well. In addition, Brogan said,

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Photo by JO2(SW) LaRon Mathieu

Three year-old Jasmine Dodd plays in one of the children's rooms on the Pediatric Ward at Naval Medical Center Portsmouth. The ward also maintains a teen room and pool tables for its older patients.

## CLP increases comfort, decreases anxiety

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hospitalization can disrupt the family routine; this program helps them cope with it as a family, said Brogan.

The child life program is geared to infants through teenagers. It supports, educates, and encourages patients. It also increases their comfort while decreasing anxiety, said Brogan.

For more information on the child life program call the child life program office at 953-4487. To volunteer or make contribute to the CLP contact the Red Cross Office at 953-5958. T

## You Got Served, Part III

MWR Fitness hosted its second You Got Served competition of the year, March 30. The MLTS (below from left to right) – HN Mercedes George, HN Charlene Cooper and HN Santana Starks show off their moves at the third dance competition. MWR began the dance competition last year as part of Black History Month. Dee Hunt, MWR group fitness coordinator has since held the competition two more times and plans to continue the fun event in the future.

The MLTS won this competition, beating the High Rollers — Wanna Widener, Shantung Duvall and Crystal McCollum (not pictured).

For more information on future You Got Served competitions, please call Dee Hunt at 953-6130.



Photo by JO2(SW) LaRon Mathieu

## New FOCs to be chosen by military

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don't have to spend their own money.”

“I think this is an awesome initiative and a great program,” said Lt. Kelly Stetson, division officer, Sewells Point Optometry Clinic. “There’s a large variety this time and I think people are really going to like the choices. We can honestly say the Navy’s going high fashion.

“This is really only for customer service – to give patients a positive eye experience,” she said. “It’s just, fair and well-deserved.” T



Photo by SN Brandon Burns

Servicemembers are choosing from among 24 styles. NOSTRA expects to offer five new styles under the Frame of Choice initiative.



# MWR hosts annual P.I.T. event

By JO1(SW) Sarah Langdon

Every year the Portsmouth Invitational Tournament comes to tour. This sports event brings together 64 of the nation's top college basketball players and pits them against each other in a four-day tournament. This year the tournament took place April 6 to 8 at Churchland High School.

The 64 players are split into eight teams, which are then sponsored by local area businesses



Photo by JO2(SW) LaRon Mathieu

P.I.T. players get some tips from the coach at one of the afternoon basketball practices held at the NMCP gym.

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## Hungry Sailor Cafe celebrates official grand opening

By JO1 Sarah Langdon

The Hungry Sailor Café celebrated its official opening with a ribbon cutting ceremony March 22. The café, located on the first floor of Bldg. 1, originally opened for business in November last year, but with little fanfare.

"We just want to get the word out because a lot of people don't know we're here," said Bob Altieri, founder and owner of the Hungry Sailor Café.

The café features ham, chicken, tuna and egg salad platters, chips, soups and chili, muffins, cookies, coffee and soft drinks. The café is open from 7 a.m. to 2 p.m. Patrons can fax their order before 11 a.m. and come pick up their meal at a specific time. The café takes Visa and MasterCard as well.

"We love working in the hospital



Photo by JO1 Sarah Langdon

Bob Altieri (left) owner and founder of the Hungry Sailor Cafe, cuts the ribbon with Capt. C. Forrest Faison, NMCP deputy commander, at the cafe's official grand opening. Altieri and his wife own the Hungry Sailor Cafe, a sandwich bar located on the ground floor of Bldg. 1.

and the people who work here," said Peggy Altieri, Bob's wife.

The pair also run the smoothie shops, which are part of a franchise — one in Bldg. 3 and

one operated out of the Hungry Sailor Café.

Menus area available at the café. Please fax orders to 393-0673 before 11 a.m. ▼

# NMCP Team Tramples Trailers

*Photos by JO2(SW) LaRon Mathieu*

Rear Adm. Thomas K Burkhard, commander, Naval Medical Center Portsmouth, lent his hand demolishing the trailers in front of Bldg. 3 March 30. Up until that time, the trailers had housed services including Neurodevelopmental Pediatrics, Occupational Health, Human Resources, Contingency Planning, Sleep Studies and Pastoral Care. Those services have now moved into their permanent home in Bldg. 3, formerly known as Bldg. 215. On hand to assist were Capt. Martha Slaughter, Director for Administration and Cmdr. Gretchen Meyers, who worked in the Neurodevelopmental Pediatric Clinic for five years.

The demolition marked the end of a 15-year construction project which included the construction of the Charette Healthcare Center, also known as Bldg. 2; construction of the multi-level parking garage and renovations of Bldg. 3 and the historic Bldg. 1, original site of the naval hospital.

"The trailers were some of the first structures to be built during the project and the last to come down," said Jimmy Bowes, Space Utilization Coordinator, NMCP.

The site where the trailers sat will be returned to its original state – a grassy lawn. 🇺🇸

Right: Cmdr. Gretchen Meyers, Neurodevelopmental Pediatrics, cheered takes a chunk out of the trailers during the demolition. Meyer worked in the trailer for five years.



In addition to the regular contractors responsible for demolishing the structures, some of NMCP's own leadership came down to get a little hands on training in knocking down buildings. Above: Rear Adm. Thomas K. Burkhard, commander, NMCP,

prepares to take a chunk out of one of the trailers.



Left: Capt. Martha Slaughter, NMCP Director for Administration, does her part to bring the trailers down.





# *In Memory*

## AleAthia I. Mack, HN, USN



Photo layout by GroveDesigns

A memorial service in memory of HN AleAthia I. Mack was held Thursday, March 31, at the Naval Medical Center Portsmouth Chapel. Many members of the command attended to pay their respects to the young corpsman.

Mack was born Feb. 5, 1982, in Savannah, Ga. She became involved in music at as a young girl and continued her passion through middle and high school. She graduated from Jenkins High School in 2000 and briefly attended nursing school before deciding to join the Navy.

She married Varneal Mack in January 2003 and gave birth to her son, Varneal Mack, III in 2004.

Mack, 22, worked on the Post-Partum Ward in the Mother-Baby Unit from June 2004 until her death.

"I brag about her being one of my top performers," said HM3 Patricia Heneger, Mack's senior corpsman. "We would spend time taking a walk and talking about a lot of things as friends. I think she looked up to me and I saw her as a little sister."



Photo by JO2(SW) LaRon Mathieu

### *I'm Free*

*Don't grieve for me for now I'm free  
I'm following the path God laid for me*

*I took His hand when I heard him call;  
I turned my back and left it all.*

*I could not stay another day  
To laugh, to love, to work, or play.  
Tasks left undone must stay that way.  
I found that place at the close of day.*

*If my parting has left a void,  
Then fill it with remembered joy.*

*A friendship shared, a laugh, a kiss  
Ah yes, these things, I too, will miss.*

*Be not burdened with times of sorrow.  
I wish you the sunshine of tomorrow.*

*My life's been full, I savored much.  
Good friends, good times, a loved one's touch.*

*Perhaps my time seemed all too brief;  
Don't lengthen it now with undue grief.*

*Life up your  
heart and share  
with me  
I am free.*

*— Linda Jo  
Jackson*



# Pastoral Care Services †

## Pastoral Care in Kuwait

By Lt. John Cometa, CHC, USNR

Senate Chaplain and former Navy Chief of Chaplains, Barry Black once wrote: *"In the Navy Chaplain Corps, as elsewhere, an understanding of history plays a critical role in understanding the present. These men and women have served God and their country around the globe, sometimes wearing Marine camouflage, sometimes wash khaki, at other times in service dress blues. Their reminder of God's presence has uplifted those engaged in the turmoil and terrors of combat comforted those deployed far from home..."*

This is a story of Pastoral Care with Expeditionary Medical Facility, Portsmouth in Kuwait, which is just a small but invaluable fragment to the present mission of the Navy Chaplain Corps.

During the first few weeks in Kuwait, I was at the galley when my cell phone rang. The caller informed me that a Red Cross message had arrived for one of our corpsmen, who, coincidentally, was seated beside me.

After dinner, I accompanied her to the hospital where a hard copy of the message was located. The message stated that the corpsman's father had died. We talked about her father and I provided a prayer for her and her family. This is only one of many pastoral care incidents that took place while I was in Kuwait. Many more Red Cross messages arrived



Lt. Juan Cometa, NMCP Navy chaplain, visits with a patient at EMF Portsmouth medical facility in Kuwait.

during the next six months bringing sad news to our staff. I was ministering to our bereaved shipmates in their most difficult times while they were separated from their families and loved ones.

Maintaining the morale of our EMF Portsmouth personnel is vital to the success of our mission. From time to time, the USO would sponsor morale visits from high profile celebrities such as Wayne Newton, Rob Schneider and the Redskins Cheerleaders. Though I appreciated their patriotism, it dawned on me that there is no substitute for the mutual support and *nurture* we had for each other on a daily basis. A simple hug, a tender tap on the shoulder, a sincere smile and the positive attitude we showed to one another created a healthy atmosphere in which to live and

work away from home.

In a hospital setting, caring for the sick and wounded offers an important challenge for all health care workers, including the chaplain. Hospital patients often have uncertain feelings. They are scared and sometimes distraught. I remember praying with a teary-eyed high-ranking officer who was diagnosed with a brain tumor. I asked him, "Sir, would you like to put words to your tears?" He replied, "Chaplain, I am thinking about my wife and children. How would they take it if they find out I'm dying of cancer? I am about to retire after this tour." Before he was transferred to Germany for further treatment a few hours later he said, "Chaplain, I greatly appreciate your

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# NMCP recognizes 25th annual research competition winners

The winners of Naval Medical Center Portsmouth's 25<sup>th</sup> annual research competition were announced March 25. This competition is the precursor for personnel from NMCP who want to compete in the Navy-wide research competition held in May.

There were four categories with up to three winners in each category. The top three winners in categories 1 and 2 will advance to the Oral Competitions on April 22. The winners in Category 1 of the research competition will participate in the Navy-wide research competition.

"There were over 45 outstanding entries, testament to the strong commitment of our staff to medical research and academic pursuits," said Rear Adm. Thomas K. Burkhard, commander, NMCP. "All were exceptional and the competition intense. I congratulate all who participated for your hard work and initiative."

## **Category 1**

### **Approved Clinical**

**Investigation: research conducted here at NMCP and approved by Clinical Investigation Program (CIP) here.**

### **Residents**

Lt. Cmdr. B. Drobina, Lt. Cmdr. M. Kostic, and Cmdr. J. Roos.

*The Effects of Inhaled Magnesium Combined with Albuterol and Atrovent on the Treatment of Acute Asthma.*

Lt. Cmdr. S. Dabulis, Lt. Cmdr. M. Matteucci, Lt. Cmdr. M. Kostic, and Cmdr. J. Roos.

*Impact of Virginia Public Health/Media Announcement on Naval Medical Center Portsmouth during the Influenza Outbreak in 2003.*

Lt. M. McDowell.

*Incudostapedial Joint Reconstruction Using Dahllite Bone Cement: Evaluation of Redundant Osteoneogenesis in a Chinchilla Model.*

### **Staff**

Capt. S.J. Brasington, Cmdr. M.N. Cook, and V. Phillips-Williams, MS. *A Retrospective Chart Review of Weight Gain Associated with Antipsychotics in Children.*

Lt. Cmdr. J. Oberman, Cmdr. A. Biswas, and Capt J. Kuhn. *Procedural setting for tympanostomy tube placement:*

*Analysis of Efficiency and Patient Satisfaction for the Main OR vs the PICU*

Lt. A.C. Short, S.J. Rogers, (MD, OB/GYN), Capt. E.F. Magann, T.S. Rieg, Ph.D, and Capt. A. Shapiro

*The 80-hour workweek restriction: How are OB/GYN resident procedure numbers affected?*

## **Category 2**

**Research approved other than through NMCP CIRD.**

**Research done outside of NMCP and must have been approved by and Institutional Review Board at the institution where it was conducted.**

Lt. Cmdr. G.Seda, Ph.D., MD; E.B. Reynolds MD; J.C. Ware Ph.D; A.I. Vinik MD; M.R. Risk Ph.D; and N.F. Fishback MD.

*Autonomic Function in Sleep Apnea Patients: Increased Heart Rate Variability Except During REM Sleep in Obese Patients.*

Lt.. T. Platz, Lt. J. Wilson, G. Rushing, J. Parker, Cmdr. E. Moore, and Capt. F. Southern.

*The Beneficial Effects of Dichloroacetate in Acute Limb Ischemia.*

### **Staff**

Capt. R.J. Westphal.

*Discourse Analysis of Navy Leaders' Attitudes about Mental Health Problems.*

D.A. Doherty Ph.D, Capt. E.F. Magann, J. Francis, RN, J.C. Morrison MD, and J.P. Newnham MD.

*Pre-pregnancy Body Mass Index and Pregnancy Outcomes*

S.P. Chauhan MD, CAPT E.F. Magann, D.A. Doherty PhD, K. Turner, G.S. Lanneau MD, J.C. Morrison MD, and J.P. Newnham MD.

*Second Trimester Placental Location as a Predictor of an Adverse Pregnancy Outcome.*

**Category 3 Case Reports: highlighting a new, rare, or special circumstance type of disease.**

### **Residents**

Lt. Cmdr. W. Beckman, Capt. R. Mendez, Cmdr. G. Paine, and Cmdr. M. Mazzilli.

*Cerebellar Herniation After Cervical Transforaminal Epidural Injection.*

Lt. K.E. Bullock and Cmdr. J.L. Hopkins.

*Early Allogeneic Stem Cell Transplantation for CLL in the Young.*

Lt. T. Platz, Lt. Cmdr. M. Barker and Cmdr. J. Lord.

*Chilaiditi's Syndrome Secondary to Hepatic Flexure Volvulus Following Abdominoplasty in a Bariatric Surgery Patient.*

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## 25th annual research competition winners (cont'd.)

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### **Staff**

Lt. Cmdr. J. Feinberg.

*A Case of Refeeding Syndrome Associated with Severe Hyperemesis.*

Lt. Cmdr. J.E. Reasor.

*Implementation of Dialectical Behavioral Therapy Using the Outcomes Questionnaire (OQ® 45.2) in an Inpatient Setting.*

### **Category 4 Outcomes**

**Research: improvements on existing treatments of a disease and quality assurance.**

### **Resident**

Lt. A. Niederhauser.

*Pubovaginal Slings: Analysis of Immediate Complications at Our Institution.*

### **Staff**

T. Kupke, Ph.D.

*Preliminary Outcomes Assessment of a Memory Enhancement Group.*

**Each entry, regardless of category was also reviewed for its contribution to Wellness and Readiness.**

### **Wellness**

Lt. Cmdr. Dabulis S, LCDR Matteucci M, Lt. Cmdr. Kostic M and Cmdr. Roos J.

*Impact of Virginia Public Health/Media Announcement on Naval Medical Center Portsmouth during the Influenza Outbreak in 2003.*

### **Readiness**

Capt. R.J. Westphal.

*Discourse Analysis of Navy Leaders' Attitudes about Mental Health Problems.*

## New Procedure for Scheduling Mammograms at Naval Hospital, Clinics

*By Deborah Kallgren*

Beginning in April, women who need a screening mammogram will call the TRICARE Hampton Roads Appointment Center (HRAC) at 1-866-MIL-HLTH. The HRAC will schedule appointments for the mammography centers at TRICARE Prime Clinics Chesapeake and Virginia Beach, Branch Medical Clinic Boone and the mammography center at NMCP.

This enables "one-stop shopping" for all Screening Mammography patients, who can book into any of the listed centers with a single phone call into HRAC. Diagnostic Mammography will continue to be booked at NMCP only, by calling 953-XRAY (953-9729).

As a reminder, a screening mammogram is usually performed on women who have no breast


complaints or symptoms (asymptomatic). The American Cancer Society recommends screening mammography on an annual basis, beginning at age 40. (No earlier baseline exam is needed.)

In order to accommodate all eligible women and facilitate compliance with the yearly exam, the HRAC requests that screening mammography be scheduled during the woman's birth month, whenever possible.

The only exception to beginning Screening Mammography prior to age 40 is in the case of a first degree relative (mother or sister) with a history of early breast cancer, in which case Screening Mammography may begin 10 years prior to the age of diagnosis (for instance, age 35 if the patient's mother was diagnosed at age 45 with breast cancer).

A diagnostic mammogram is

performed on women who have symptoms (such as a lump or swelling; skin irritation, redness, scaling or dimpling; or nipple pain or discharge), palpable abnormalities, breast implants, a prior history of lumpectomy for breast cancer, or an abnormality found during a screening mammogram.

A screening mammogram usually takes two x-ray pictures (views) of each breast. In some patients, additional views may be needed to include as much breast tissue as possible. In a diagnostic mammogram, more pictures are taken to clearly study the breast condition, and usually involves magnification of special images to make a small area of altered breast tissue easier to evaluate. Other x-rays may be taken, depending on the patient's particular needs. 



# The Flag: How much do you really know?

Story submitted by CMCDM(FMF/DV/PJ) Christopher P. Angstead, NMCP Command Master Chief

## The First Flag-Raising

*Scott Tank sent this eyewitness account of Cpl. Charles W. Lindberg, a friend and surviving member of the team that raised the first flag on the crest of Mt. Suribachi. Scott asked that we share Mr. Lindberg's story with you - we are honored to do so. Thank you, Scott, for sending us this account, and thank you Mr. Lindberg for the sacrifices you made during that bloody nightmare called Iwo Jima:*

It was the job of the 28th Regiment, 5th Division, to capture Mount Suribachi. They reached the base of the mountain on the afternoon of Feb. 21, 1945, and by nightfall the next day the Marines had almost completely surrounded it.

As part of that Marine group, 24-year-old Corporal Charles Lindberg, a combat veteran of the Guadalcanal and the Bougainville campaign, watched the intense bombardment of Iwo Jima and realized that the landing at Red Beach One would be anything but easy. "The (Japanese) had the whole beach zeroed in. Most of the fire was coming from Suribachi," he recalled. Surrounding Mount Suribachi were cliffs, tunnels, mines, booby traps, and ravines. The hostile terrain proved to be as tough an enemy as the Japanese who were firmly entrenched on the mountain.

At 8 a.m. on February 23, a patrol of 40 men from 3rd Platoon, E Company, 2nd Battalion, 28th Marines, led by 1st LT Harold G. Schrier, assembled at the base of Mount Suribachi. The platoon's mission was to take the crater of Suribachi's peak and raise the U.S. flag. As a member of the first combat patrol to scale Mount Suribachi, Cpl Lindberg took his 72-pound flamethrower and started the tortuous climb up the rough terrain to the top.

As they reached the top, the patrol members took positions around

the crater watching for pockets of enemy resistance as other members of the patrol looked for something on which to raise the flag. Present at the crest were six Marines of a 40-man patrol. They were 1st Lt. Schrier, Sergeant Thomas, Sergeant Hansen, Private First Class Charlo, Private First Class Michels, and Corporal Charles W. Lindberg.

At approximately 10:20 a.m., the flag was hoisted on a steel pipe above the island. The sight of the small American flag flying from atop Mount Suribachi thrilled men all over the island. And for the first time during WWII, an American flag was flying above what was considered traditional Japanese territory. This symbol of victory sent a wave of strength to the battle-weary fighting men below, and struck a further mental blow against the island's defenders.

Marine Corps photographer Sergeant Lou Lowery captured this first flag raising on film just as the enemy hurled a grenade in his direction. Dodging the grenade, Lowery hurled his body over the edge of the crater and tumbled 50 feet. His camera lens was shattered, but he and his film were safe. As Cpl Lindberg would later remark, "Suribachi was easy to take; it was getting there that was so hard!" Of the 40-man patrol, 36 were killed or wounded in later fighting on Iwo Jima including Lindberg himself who would be shot through the stomach and arm a week later on March 1, 1945. For his heroism Lindberg would receive the Purple Heart and Silver Star Medal with the citation reading in part:

"Repeatedly exposing himself to hostile grenades and machine-gun fire in order that he might reach and neutralize enemy pill-boxes at the base of Mount Suribachi, Corporal Lindberg courageously approached within ten or fifteen yards of the emplacements



before discharging his weapon, thereby assuring the annihilation of the enemy and the successful completion of this platoon's mission. While engaged in an attack on hostile cave positions on March 1, he fearlessly exposed himself to accurate enemy fire and was subsequently wounded and evacuated."

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Stories of patriotism and valor such as this are common in America's history, but it is often only when these historic events occur that we stop to recognize and give a little extra respect to the American Flag. According to [www.usflag.org](http://www.usflag.org), the history of the U.S. flag may be said to officially begin June 14, 1777, when the first Flag Act was passed mandating that the U.S. flag be made of 13 alternating red and white stripes and that there be thirteen stars "white in a blue field, representing a new Constellation."

Changes were made in 1794 creating a flag with 15 stripes and 15 stars. Another amendment in 1818 changed the flag back to its original 13 stripes and provided one star for each state. An executive order by President Taft in 1912 established the proportions of the flag, the arrangement of six horizontal rows of eight stars each and had a single point of each star pointed upward. In 1959, President Eisenhower set the arrangement of stars in nine rows staggered horizontally and 11 rows staggered vertically.

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# Flag etiquette

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Today, the American flag hangs in or in front of every public building, throughout our military bases, schools and many businesses. Many citizens, military and civilian, display the flag from their porches or on flag posts in front of their homes as a mark of their patriotism and faith in this country. Many may not realize that laws governing the display and use of the flag are very specific. This information is in the official United States Code, Title 4, under Executive Order 10834. This Federal Flag Code gives guidance on displaying the flag at night, during inclement weather, on holidays, by order of national and international precedence and for flying at half staff, to name a few. Each law ensures the flag is maintained and upheld in every situation with respect and honor.

"Our nation respects the flag, not out of a sense of unquestioning admiration but out of a deep sense of our heritage," said CMCDM(FMF/DV/PJ) Christopher P. Angstead, NMCP command master chief. "Strengthened by our distinguished deeds, impressive accomplishments, and untold sacrifices, the flag reflects America's pledge to uphold democracy and strive for peace throughout the world. It is America's strength in honor, as dignified in the stars and stripes of the flag, which helps to establish the moral character of our nation's history and foundation.

"All hands – officer to enlisted, junior and senior Sailors, (are responsible for maintaining proper etiquette when handling the flag)," Angstead continued. "Each of us should feel a sense of moral obligation to correct any discrepancies regarding the mishandling, procedures, etiquette, when or when not to fly the flag. Its unfurled banner is a poignant reminder of America's greatness to live in a country which values freedom. It signifies the commitment made by our fallen comrades who fought bravely to defend the honor of this sacred emblem – the "Stars and Stripes."

## How to Revere the Flag

- Only the President has the authority to order the flag to be flown at half-staff. There have been instances where city leaders have ordered the flag at half-mast to honor victims of a plane crash or other disaster. Unfortunately, they have no authority to do this.

- According to the code, the flag is not to be flown for 24 hours a day unless it is properly illuminated during the hours of darkness. This means if an individual posts the flag from their porch or flag post in their yard, it must be lit throughout the dark hours of the night.

- The flag should never be dipped to any person or thing and is only to be flown upside down as a distress signal. It should never be used as drapery or for covering the desk of a speaker.

- The flag is not to be used for advertising purposes, and should not be embroidered, printed or impressed on things such as cushions, handkerchiefs, napkins, boxes or anything that is thrown away after use.

- It also violates etiquette to use the flag as part of a costume or athletic uniform. The exception is the flag patch sometimes worn on military, fireman or policeman uniforms.

- It should never be used to carry, hold or deliver anything.

When the flag is lowered, no part shall touch the ground or any other object. It should be received by waiting hands and arms. It should always be folded neatly and ceremoniously. The flag should be cleaned and mended when necessary.

- When it is no longer fit to serve as a symbol of America, it should

be burned in a dignified manner. Contact your local American Legion, Boy Scout or Girls Scout troop for more information on scheduled, ceremonious flag burning services.

- When the flag is displayed from a staff projecting from a window, balcony or building, the union should be at the peak of the staff unless the flag is at half-staff.

- When displayed on the same flagpole with another flag, the U.S. flag is always at the top with the exception of church pennants flown during church services for Navy personnel when conducted by a naval chaplain on a ship at sea.

- When the flag is displayed over a street, it should be hung vertically with the union at the north or east. If suspended over a sidewalk, the flag's union should be farthest from the building.

- When displayed indoors, the flag is always positioned to the right.

- When flown with other flags – state, community, etc., the U.S. flag is always placed to the right.

- Other flags may be smaller, but none larger. No other flag should be placed above it. The U.S. flag is always first raised and last to be lowered.

- When flown with national banners from other countries, each flag must be on a separate pole of equal height. Each flag should be the same size. They should be raised and lowered ceremoniously. No one flag should be displayed above any other.

- The flag should be raised briskly and lowered slowly and ceremoniously. The U.S. flag is saluted as it is hoisted and lowered.

For complete information on flag rules and etiquette, please visit:

<http://straylight.law.cornell.edu/uscode/html/uscode04/>

Other interesting U.S. flag web sites include:

[www.usflag.org](http://www.usflag.org)

[www.whitehouse.gov](http://www.whitehouse.gov)

[www.ushistory.org/betsy/index/html](http://www.ushistory.org/betsy/index/html)



# HM3 goes distance for NMCRS Drive

By JO1 Sarah Langdon

HM3 James Cross, a surgical tech for NMCP's Ophthalmology Department helped Navy Federal raise more than \$1,500 for this year's Navy-Marine Corps Relief Society fundraiser.

During the month of March, the official fundraising period for the Society, Cross helped the credit union organize and carry out numerous raffle ticket and bake sales to raise money for the organization.

"I heard they needed someone to help them out, so I volunteered," Cross said. "I helped with raffle tickets and did some fundraising in the community. It was a good time and I was able to get out and really meet some people."

"I think it's a great idea to raise money for the Navy Marine Corps Relief Society," said Cmdr. Brian Alexander, assistant department head for Ophthalmology. "I'm really proud of him for taking such an active role and showing such concern for others. He put a lot of time and effort into it." 🏆



Photo by JO1 Sarah Langdon

From left to right: Nikki Gibson, Navy Federal, HM3 Jeremy Heck, optician for Ophthalmology Department and departmental Navy Marine Corps Relief representative, HM3 James Cross, surgical tech for Ophthalmology Department and organizer of one of the larger NMCRS fund drives, Gellen Corrigan, Navy Federal and Kim Wright, Navy Federal.

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## P.I.T. players get ready for games at NMCP

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such as BB& T, Beach Barton Ford and the Portsmouth Sports Club.

In addition to support from these and other local vendors, the P.I.T. also receives support from Naval Medical Center Portsmouth's Morale, Welfare and Recreational Services Department.

The P.I.T. held its annual Drawing Party at the NMC Portsmouth Sandbar April 1. During the Drawing Party, sponsors draw their teams out of a hat. Bill Monell, head of MWR, put the party together.

"This is good public relations," said Monell. "It

really is a win/win situation. It's good for us because it brings in prospective business. The city promotes the Sandbar and when the vendors see what we have here they want to bring their business here.

"It's great for the vendors because the event is invitation only," Monell continued. "It's hard to crash the party when it's on a military facility. The vendors love the scenery, they love the service and they've already stated they aren't moving (the Drawing Party) anywhere else. We provide security, great atmosphere and best of all, guaranteed parking."

MWR also donates gym space to the basketball players for a few days so the basketball players can practice together.

P.I.T. offers NBA scouts the chance to come out and watch the top college basketball players in action under one roof, and it gives members of the Hampton Roads community an opportunity to watch some the best players in the college league play basketball.

In previous P.I.T. tournaments, famous NBA stars such as Scottie Pippen, Rick Barry and Dave Cowens were participants before the league picked them up. 🏆



# DAPA

## A Letter to Parents on Teenage Marijuana Use

By Alan I. Leshner, Ph.D., Submitted by HM1 Eduardo Ortiz, DAPA Counselor

Marijuana is the illegal drug most often used in this country. Since 1991, lifetime marijuana use has almost doubled among 8th- and 10th-grade students, and increased by a third among high school seniors. Our research shows that accompanying this upward pattern of use is a significant erosion in anti-drug perceptions and knowledge among young people today. As the number of young people who use marijuana has increased, the number who view the drug as harmful has decreased.

Among high school seniors surveyed in 2001, current

marijuana use has increased by about 62 percent since 1991.

The proportion of those seniors who believe regular use of marijuana is harmful has dropped by about 27 percent since 1991. These changes in perception and knowledge may be due to a decrease in anti-drug messages in the media, an increase in pro-drug messages through the pop culture, and a lack of awareness among parents about this resurgence in drug use — most thinking, perhaps, that this threat to their children had diminished.

Because many parents of

this generation of teenagers used marijuana when they were in college, they often find it difficult to talk about marijuana use with their children and to set strict ground rules against drug use. But marijuana use today starts at a younger age, and more potent forms of the drug are available to young children. Parents need to recognize that marijuana use is a serious threat, and they need to tell their children not to use it.

While it is best to talk about drugs when children are young, it is never too late to talk about the dangers of drug use. 📧

## Spiritual care is a great benefit to servicemembers

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prayers and just being there with me when I needed a friend. You were a great help when I needed you most.

I also remember the young Marine who was traumatized by the deaths of his comrades during the siege of Fallujah. The soldier was about to go home after one year in Iraq. He was very excited to see his wife and 5-year old daughter the following week. At the same time, he was told he had to be flown to Germany because he needed a liver transplant. I cried with him. There were many more who were suffering from physical and emotional pain. What a great privilege to be able to care for the wounded and sick from

various branches of the U.S. and Coalition Forces.

I salute all our deployed men and women in uniform who served their country in her hour of need, and especially those who paid the ultimate sacrifice by giving their lives in that service. I remember one soldier who had a heart attack while running a marathon and subsequently died.

Before we turned the deceased over to his chain of command, and his body flown back to states, we gave him our final respect by honoring him through a brief memorial service.

A retired Army general once

wrote, “There is no greater vocation or profession than serving in the defense of our nation. Not just any nation, but a nation that is prepared to give dignity to man that God intended—our nation. All the benefits that our citizens enjoy exist behind the defense barrier manned by our service members of military establishments. No greater honor can be given to any man than the privilege of serving the cause of freedom.”

In conclusion, I say with confidence that I felt the presence of God working through me as I ministered to the living, the wounded, the sick and dying during Operation Iraqi Freedom. 📧

# Bravo Zulu!!!

## ***Navy Achievement Medal***

HM2 Kathryn N. Kelley  
HM3 Danilo O. Morado  
HM1(AW) Diana D. Jones  
HM3 Justin A. Hradil  
SH2(SW) Robert T. Gorrell  
HM2 Susano M. Silva  
SH1(SW/AW) Charles E. McQueen  
HM3 Mikeasha A. Thomas  
HM2 Kevin A. Peace  
HM3 Kristen M. Buckbee  
HM1(SW) Sean M. Dover  
**(Sailor of the Year)**  
HM2(SW) Sybil Litchfield  
**(Junior Sailor of the Year)**  
HN William P. Schwartz  
**(Blue Jacket of the Year)**  
HM3 Betty K. Robertson  
Lt.j.g. Kevin J. Michel  
Lt. Kirsten M. Betak  
Lt. Brian G. Norwood  
HM1(FMF) Paul E. Powers  
Lt.j.g. Peter B. Hanson  
Lt.j.g. Paul E. Pellini  
HM3 Norman E. Kosty  
HM2 Michelle M. McKeon

## ***Navy Commendation Medal***

Cmdr. Dana G. Borgeson  
Lt. William W. Wiegmann  
Lt. Cmdr. Barbara J. Kincade  
Cmdr. Cynthia G. Wells  
Lt. Cmdr. Paul T. Spada  
HMC(DVT) Mark D. Rich  
Cmdr. Paula J. Sexton  
HMC(SW/AW) Joseph E. Velez  
HM1(SW/AW) Clifford R. McAnally  
HM1 Gerardo P. Yumul  
HM2(SW) Jamie B. Bobbio

Lt. Sheila F. O'Leary  
Lt. Paula H. Peace

## ***Letter of Commendation***

HM3 Brian C. Duenas  
HMC Wayne P. Rudolf  
HM3 Glencora R. Thompson  
HM1 Tammy D. Jones  
CS1(SW) John L. Cerda  
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HN Nydia Birdsell  
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Lt. Susan M. Tillmon  
HM2 Terry L. Hardesty  
HM3 Aisha Z. Jenkins  
Lt.j.g. Raynard Gibbs  
HN Nichole T. Coovert  
Lt. John M. Sharretts  
HM3 Fabio A. Pizarro victoria  
HM3 Jon M. Alexander  
HM3 Shadi H. Rum  
HM2 Gregory D. Thomas  
DK3 Fonda R. Hibbitt  
DK3 Shakita A. Williams

HM1 Sean Dover  
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HN William P. Schwartz  
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HM1 Kenneth B. Smith  
ET1 Farhad Notghi  
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HM2 Linda A. Riss  
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HN Alexander V. Rodriquez  
HM3 Dina L. Malits  
HN David Wysk  
HN Verna M. Casey  
HN Alexis Dziabo

## ***Letters of Appreciation***

HA Shelby Lindner  
HM1(SW) Rhonda D. Flowers  
ET1 Farhad Notghi  
HM1(FMF) Kenneth B. Smith  
HM3 Manuel Olivares  
HM3 Kenneth W. Phillips  
ET2 Thaddeus L. Peltier  
HM2 Kayle T. Wallace  
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HN Lindsay Milliken  
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## ***Meritorious Service Medal***

Cmdr. Barbara E. Pauly  
Cmdr. Jay E. Chambers  
Capt. Danette M. Svobodny  
Cmdr. Virginia E. Leibold

## ***Navy Meritorious Civilian Service Award***

CIV Linda Pace